

# AUTO CR - LOG SUMMARY #1059522

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer tasered a stray dog(German Shepard) who attempted to bite him in the buttocks	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	POPP, KAREN A		008 /	SERGEANT OF POLICE	F	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
15-JAN-2013 07 04 - 15-JAN-2013 07 04		0821	008	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	HESKIN, ROBERT S	20669	008 /	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-FEB-2013 02:30	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-FEB-2013 02:30	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	08-FEB-2013 11:42	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	08-FEB-2013 09:22	TOUSANT, LISA	INTAKE AIDE	113 /	
PENDING SUPERVISOR REVIEW	08-FEB-2013 08:57	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	15-JAN-2013 11:30	TOUSANT, LISA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOUSANT, LISA	15-JAN-2013 11:30			
	DOCUMENTS - INTAKE INCIDENT		1	HESKIN ROBERT S 14344	N	TOUSANT, LISA	07-FEB-2013 02:14	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	ZZX30065P	N	TOUSANT, LISA	08-FEB-2013 08:57	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 15-JAN-2013) - LOG #1059522

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party				008 /	SERGEANT OF POLICE	F	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
15-JAN-2013 07:04 - 15-JAN-2013 07:04		0821	008	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	15-JAN-2013 11:30	TOUSANT, LISA	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-FEB-2013 02:30	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-FEB-2013 02:30	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	08-FEB-2013 08:57	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	15-JAN-2013 11:30	TOUSANT, LISA	INTAKE AIDE	113 /	

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT <b>15-JAN-2013</b>		TIME <b>07:04:00</b>		2 ADDRESS OF OCCURRENCE <b>[REDACTED]</b>			3 LOCATION CODE <b>304</b>		4 BEAT/OCCUR <b>0821</b>																																																																																																																																																																			
	5 POSITION <b>9161</b>		6 LAST NAME <b>HESKIN</b>		7 FIRST NAME <b>ROBERT S</b>		8 STAR NO <b>14344</b>		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE <b>WHI</b>		11 AGE <b>[REDACTED]</b>		12 HT <b>507</b>		13 WT <b>150</b>																																																																																																																																																												
	14 DATE OF APPT <b>05-JUN-1995</b>		15 EMPLOYEE NO <b>[REDACTED]</b>		16 UNIT & BEAT OF ASSIGNMENT <b>008 0821</b>		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																																		
	20 LAST NAME <b>[REDACTED]</b>		21 FIRST NAME <b>[REDACTED]</b>		22 M I <b>[REDACTED]</b>		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE <b>[REDACTED]</b>		25 D O B <b>[REDACTED]</b>		26 HT <b>[REDACTED]</b>		27 WT <b>[REDACTED]</b>																																																																																																																																																														
SUBJECT INFORMATION	28 ADDRESS <b>[REDACTED]</b>		29 TELEPHONE NO <b>[REDACTED]</b>		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																																				
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34 BY WHOM? <b>[REDACTED]</b>		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																																																																																																																								
	36 CHARGES PLACED <b>[REDACTED]</b>		<input checked="" type="checkbox"/> DNA		37 CB NO <b>[REDACTED]</b>		IR NO <b>[REDACTED]</b>		<input checked="" type="checkbox"/> DNA																																																																																																																																																																				
REASON FOR USE OF FORCE (Check all that apply)	38 <input checked="" type="checkbox"/> DNA																																																																																																																																																																												
	<table border="1"><thead><tr><th colspan="2">SUBJECT'S ACTIONS</th><th colspan="2">PASSIVE RESISTER</th><th colspan="2">ACTIVE RESISTER</th><th colspan="2">ASSAILANT ASSAULT</th><th colspan="2">ASSAILANT BATTERY</th><th colspan="2">ASSAILANT DEADLY FORCE</th></tr></thead><tbody><tr><td colspan="2">DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/></td><td colspan="2"></td><td colspan="2">FLED <input type="checkbox"/></td><td colspan="2">IMMINENT THREAT OF BATTERY <input type="checkbox"/></td><td colspan="2">ATTACK WITH WEAPON <input type="checkbox"/></td><td colspan="2">USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td></tr><tr><td colspan="2">STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td><td colspan="2"></td><td colspan="2">PULLED AWAY <input type="checkbox"/></td><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2">ATTACK WITHOUT WEAPON <input type="checkbox"/></td><td colspan="2">WEAPON <input type="checkbox"/></td></tr><tr><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2"></td><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2"></td><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2">OTHER <input type="checkbox"/></td></tr><tr><td colspan="2">MEMBER PRESENCE <input type="checkbox"/></td><td colspan="2">OPEN HAND STRIKE <input type="checkbox"/></td><td colspan="2">ELBOW STRIKE <input type="checkbox"/></td><td colspan="2">KNEE STRIKE <input type="checkbox"/></td><td colspan="2">FIREARM <input type="checkbox"/></td><td colspan="2"></td></tr><tr><td colspan="2">VERBAL COMMANDS <input type="checkbox"/></td><td colspan="2">TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td><td colspan="2">CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td><td colspan="2">KICKS <input type="checkbox"/></td><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2"></td></tr><tr><td colspan="2">ESCORT HOLDS <input type="checkbox"/></td><td colspan="2">OC CHEMICAL WEAPON <input type="checkbox"/></td><td colspan="2">IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td><td colspan="2">IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">WRISTLOCK <input type="checkbox"/></td><td colspan="2">CANINE <input type="checkbox"/></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">ARMBAR <input type="checkbox"/></td><td colspan="2">TASER (Probe Discharge) <input type="checkbox"/></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">PRESSURE SENSITIVE AREAS <input type="checkbox"/></td><td colspan="2">TASER (Contact Stun) <input type="checkbox"/></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">CONTROL INSTRUMENT <input type="checkbox"/></td><td colspan="2">TASER (Laser Targeted) <input type="checkbox"/></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td><td colspan="2">TASER (Spark Displayed) <input type="checkbox"/></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2">OTHER <input type="checkbox"/></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr></tbody></table>																		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>				FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>				PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>		OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>				VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>				ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input 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OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>																																																																																																																																																																											
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA																																																																																																																																																																												
	40 ADDITIONAL INFORMATION <b>TASER DEPLOYED ON A VICIOUS STRAY DOG.</b>																																																																																																																																																																												
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																																																																																																																																																																												
	42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Dawn <input type="checkbox"/> 03 Dusk <input type="checkbox"/> 04 Poor Artificial <input type="checkbox"/> 05 Good Artificial																																																																																																																																																																												
CASE INFO.	43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																																																																																																																																																																												
	44 WEATHER CONDITIONS <b>CLEAR</b>																																																																																																																																																																												
	45 MAKE/MANUFACTURER <b>[REDACTED]</b> 46 MODEL <b>[REDACTED]</b> 47 BARREL LENGTH <b>[REDACTED]</b> 48 CALIBER/GAUGE <b>[REDACTED]</b>																																																																																																																																																																												
	49 TASER DART ID NO <b>DNA</b> 50 WEAPON SERIAL No (Include Letters) <b>ZZX30065P</b> 51 CHICAGO GUN REG NO <b>[REDACTED]</b> 52 IL FIREARM OWNER ID NO <b>[REDACTED]</b> 53 HANDGUN CERTIFICATE NO <b>[REDACTED]</b>																																																																																																																																																																												
SIGNATURES	54 SPECIAL WEAPON CERTIFICATE NO <b>[REDACTED]</b> 55 PROPERTY INVENTORY NO <b>[REDACTED]</b> 56 TYPE OF AMMUNITION USED <b>[REDACTED]</b> 57 NO OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b> 58 TOTAL NO OF SHOTS MEMBER FIRED <b>[REDACTED]</b>																																																																																																																																																																												
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b> 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO <b>[REDACTED]</b> 61 NO OF CARTRIDGES/SHOT SHELLS RELOADED <b>[REDACTED]</b> 62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>																																																																																																																																																																												
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b> 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b> 65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO <b>[REDACTED]</b>																																																																																																																																																																												
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>[REDACTED]</b> 67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT <b>[REDACTED]</b>																																																																																																																																																																												
SIGNATURES	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <b>[REDACTED]</b> 69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>																																																																																																																																																																												
	70 EVENT NO <b>[REDACTED]</b>																																																																																																																																																																												
	71 R D NO <b>[REDACTED]</b>																																																																																																																																																																												
	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																																																																																																																																																																												
SIGNATURES	73 REPORTING MEMBER (Print Name) <b>HESKIN, ROBERT S</b> STAR/EMPLOYEE NO <b>14344</b> SIGNATURE <b>[REDACTED]</b> <b>15-JAN-2013 08:24:39</b>																																																																																																																																																																												
	74 REVIEWING SUPERVISOR (Print Name) <b>MARTIN, MICHAEL J</b> STAR NO <b>1891</b> SIGNATURE <b>[REDACTED]</b> DATE REVIEWED <b>15-JAN-2013 08:26:57</b> TIME <b>[REDACTED]</b>																																																																																																																																																																												

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1 ) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2 ) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3 ) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1 ) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2 ) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3 ) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Heskin discharged his taser at an attacking dog Based on available information, I have concluded that the member's actions were in compliance with Department procedures and directives Log #1059522

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO \_\_\_\_\_ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

**WALSH, DENNIS P**

SIGNATURE

DATE COMPLETED

TIME

**15-JAN-2013 19:36:32**

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**1**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

# EVIDENCE SYNC<sup>TM</sup> OFFLINE

## DEVICE REPORT

**ECD Information**

Model #: TASER\_ECD\_X2

Serial #: ZZX30065P

Firmware Version: FWBundle Rev. 03.033

Device Health: Good

**Offline Report**

Date:

15 Jan 2013 08:05:50

Local Timezone:

Central Standard Time (UTC -6:00)

**Event Log**

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
10/25/2011 17:53:41	10/25/2011 12:53:41	Trigger	C1: Deployed	5s		
10/25/2011 17:53:47	10/25/2011 12:53:47	Trigger	C2: Deployed	5s		
01/18/2012 19:43:19	01/18/2012 13:43:19	Trigger	C1: Deployed	2s		87%
01/18/2012 19:43:20	01/18/2012 13:43:20	Trigger	C2: Deployed	2s		87%
01/15/2013 13:01:18	01/15/2013 07:01:18	Trigger	C1: Deployed	5s		88%
01/15/2013 13:01:39	01/15/2013 07:01:39	Trigger	C2: Deployed	5s		88%

LOG #  
1059522

6-3592